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PTO/5B/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 600

Complete if Known

Application Number	09/994,803
Filing Date	November 28, 2001
First Named Inventor	Per JOHANSSON et al.
Examiner Name	JONES, Prenell P
Art Unit	2667
Attorney Docket No.	Old: 040000-854; New: 0119-162

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-2476 Deposit Account Name: Potomac Patent Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 36 Extra Claims 0 Fee (\$ 50) Fee Paid (\$ 0)

36 - 20 or HP = 0 x 50 = 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 5 Extra Claims 3 Fee (\$ 200) Fee Paid (\$ 600)

8 - 3 or HP = 3 x 200 = 600

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$ Fee Paid (\$)

100 - 100 = 0 / 50 = 0 (round up to a whole number) x 0 = 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

Fees Paid (\$)

0

SUBMITTED BY

Signature

Kenneth B. Leffler

Registration No.

36,075

(Attorney/Agent)

Telephone 703 718 8884

Name (Print/Type)

Kenneth B. Leffler

Date November 8, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket No.	Old: 040000-854; New: 0119-162

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Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**

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Total Sheets 100 **Extra Sheets** 0 **Number of each additional 50 or fraction thereof** 0 **Fee (\$)** 0 **Fee Paid (\$)** 0
 - 100 = / 50 = (round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 0 **Fees Paid (\$)**

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	36,075	Telephone	703 718 8884
Name (Print/Type)	Kenneth B. Leffler	Date	November 8, 2005		

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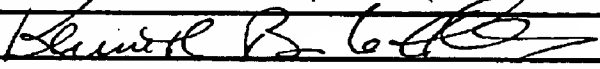
PTO/SB/21 (09-04)

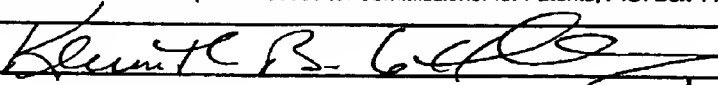
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/994,803	
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	Art Unit	2667	
	Examiner Name	JONES, Prenell P	
Total Number of Pages in This Submission	17	Attorney Docket Number	Old: 040000-854; New: 0119-162

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Form (PTO-2038) for Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (10 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Notation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Statement under 37 CFR 3.73(b)
Remarks Filed via facsimile transmission to 571.273.8300 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">Mail Stop AMENDMENT</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Potomac Patent Group PLLC (Customer No. 000042015)		
Signature			
Printed name	Kenneth B. Leffler		
Date	November 8, 2005	Reg. No.	36,075

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Kenneth B. Leffler	Date	November 8, 2005

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